

Connecticut Tier 1, FFPSA "Well-Supported" Services Overview

Brief Strategic Family Therapy	
Target Population:	6-18 year olds with drug use and other problem behavior
Research Supported Outcomes:	<p>Child/Youth: reduce behavior problems, while improving self-control; reduce associations with antisocial peers, reduce drug use; develop prosocial behaviors</p> <p>Family: improvements for maladaptive patterns of family interactions, improvements in family communication, conflict resolution, and problem solving; improvements in family cohesiveness, collaboration, and child/family bonding; effective parenting, including successful management of children's behavior and positive affect in the parent child interactions</p>
Service Type:	MH, SA, PS
Service Location:	Community social service agencies, mental health clinics, health agencies, family clinics, family's home
Culturally Responsive:	Yes
Present in Connecticut	

Functional Family Therapy	
Target Population:	11-18 year olds with very serious problems such as conduct disorder, violent acting-out, and substance abuse
Research Supported Outcomes:	Eliminate youth referral problems (i.e., delinquency, oppositional behaviors, violence, substance abuse); improve prosocial behaviors (i.e., school attendance); improve family and individual skills
Service Type:	MH
Service Location:	Adoptive home, birth family home, foster/kinship care, community-based agency/organization/provider, school setting
Culturally Responsive:	Yes, FFT has shown positive outcomes for youth and families in different types of settings across the U.S. as well as in other countries such as in the U.K. (Humayun, S., Herlitz, L., Chesnokov, M., Doolan, M., Landau, S., & Scott, S., 2017) and in Sweden (Gustle, L., Hansson, K., Sundell, K., Lundh, L., & Löfholm, C. A., 2007). The earlier cited study of runaway youth (Slesnick & Prestopnik, 2009) consisted of predominantly non-white adolescents including LatinX, African American and Native American youth. Another study demonstrated the effectiveness of FFT in decreasing the re-entry of mostly Latinx and African American youth into out-of-home placements in the first 2 months following their release. (Darnell & Schular, 2015).
Present in Connecticut	

Multisystemic Therapy	
Target Population:	Delinquent or antisocial youth who are 12 to 17 years old and may also meet the following criteria: Youth at imminent risk of out-of-home placement due to criminal offenses; Physical aggression at home, at school, or in the community; verbal aggression, verbal

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	threats of harm to others; substance abuse in the context of problems listed above
Research Supported Outcomes:	Eliminate or significantly reduce the frequency and severity of the youth's referral behaviors; empower parents with the skills and resources needed to independently address the inevitable difficulties that arise in raising children and adolescents, empower youth to cope with family, peer, school, and neighborhood problems
Service Type:	MH, SA
Service Location:	Adoptive home, birth family home, foster/kinship care, school setting
Culturally Responsive:	Yes
Present in Connecticut	

Healthy Families America	
Target Population:	Families who are at-risk for child abuse and neglect and other adverse childhood experiences. Services must be initiated prenatally or within 3 months after the birth of the baby. When referred from child welfare, families may be initially enrolled with a child up to 24 months old; For parents/caregivers of children ages: 0-5
Research Supported Outcomes:	Build and sustain community partnerships to systematically engage overburdened families in home visiting services prenatally or at birth, cultivate and strengthen nurturing parent-child relationships; promote healthy childhood growth and development, enhance family functioning by reducing risk and building protective factors
Service Type:	PS
Service Location:	Birth family home
Culturally Responsive:	Yes
Present in Connecticut	

Motivational Interviewing	
Target Population:	Adults with a diagnosed substance use disorder, or substance use problems, addiction, dependence, or abuse; Caregivers of children referred to the child welfare system, has been used with adolescents
Research Supported Outcomes:	Enhance internal motivation to change, reinforce this motivation, develop a plan to achieve change
Service Type:	SA
Service Location:	Hospital, outpatient clinic, community-based agency/organization/provider, group or residential care
Culturally Responsive:	Yes, MI has shown positive outcomes across different ethnicities (Field, 2010), including non-white populations (Roudsari, 2009), and in multiple countries including Sweden (Palm, 2016), South Africa (Rendall-Mkosi, 2013) and Brazil (Segatto, 2011). Studies have also shown positive effects of MI with young adults of Mexican-origin

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	(Cherpitel 2016; Bernstein, 2017) and Native American adolescents (Gilder, 2017).
Present in Connecticut	

Nurse Family Partnership	
Target Population:	First child of a mother with a low socio-economic status or Pregnant with first child, low socio-economic level; Children 0-5
Research Supported Outcomes:	Primary goals: improve pregnancy outcomes by promoting health-related behaviors; improve child health, development and safety by promoting competent caregivers; enhance parent life-course development by promoting pregnancy planning, educational achievement, and employment Secondary goals: enhance families material support by providing links with needed health and social services, promote supportive relationships among friends and family
Service Type:	PS
Service Location:	Birth family home, community-based agency/organization/provider
Culturally Responsive:	Yes
Present in Connecticut	

Parents as Teachers (PAT)	
Target Population:	Pregnant or parent of a child prenatal through kindergarten in possible high-risk environments (Teen parents, low-income, parental low educational attainment, history of drug abuse in the family, chronic health conditions effective the child or parents); Children 0-5
Research Supported Outcomes:	Increase parent knowledge of early childhood development and improve parenting practices, providing early detection of developmental delays and health issues, prevent child abuse and neglect, increase children's school readiness and school success
Service Type:	PS
Service Location:	Adoptive home, birth family home, foster/kinship care, outpatient clinic, community-based agency/organization/provider, school setting
Culturally Responsive:	No
Present in Connecticut	

Parent Child Interaction Therapy (PCIT)	
Target Population:	For children ages 2-6 with behavioral or parent-child relationship problems
Research Supported Outcomes:	Build close relationships between parent and their children using positive attention strategies; help children feel safe and calm by fostering warmth and security between parents and their children; increase children's organizational and play skills; decrease

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	children's frustration and anger; educate parents about ways to teach children without frustration for parent and child; enhance children's self-esteem; improve children's social skills such as sharing and cooperation; teach parents how to communicate with young children who have limited attention spans
Service Type:	MH
Service Location:	Outpatient clinic, community-based agency/organization/provider
Culturally Responsive:	Yes, PCIT is effective with diverse cultural populations: PCIT has demonstrated adaptability and positive outcomes among children of different genders and various cultural, ethnic and linguistic backgrounds (Capage, Bennett, & McNeil, 2001; Chadwick Center on Children and Families, 2004; McCabe, 2005). While PCIT was originally evaluated with white families, it has demonstrated positive effects with various populations and cultures, including African-American families (Fernandez, Butler, & Eyberg, 2011), Native American families (Bigfoot & Funderburk, 2011), and Latinx and Spanish-speaking families (Borrego, Anhalt, Terao, Vargas, & Urquiza, 2006; McCabe & Yeh, 2009). These cultural applications are consistent with the approved PCIT model in the Prevention Clearinghouse.
Present in Connecticut	

Homebuilders – Intensive Family Preservation and Reunification Services	
Target Population:	Families with children birth-18 at imminent risk of out-of-home placement or who are in placement but cannot be reunified without intensive in-home services
Research Supported Outcomes:	Child wellbeing: reduced out of home placement; permanency (planned permanent exits from foster care) one study indicating increased economic and housing stability of parent
Service Type:	PS
Service Location:	Adoptive home, birth family home
Culturally Responsive:	
Present in Connecticut	